



Mitchell E. Daniels, Jr., Governor  
James W. Payne, Director

Indiana Department of Child Services Program and  
Services Division  
Room W 364, MS 08  
402 W. Washington Street  
Indianapolis, Indiana 46204-2773  
FAX: 317-234-4633  
[www.in.gov/dcs](http://www.in.gov/dcs)

**Child Support Hotline: 800.840.8757**  
**Child Abuse & Neglect Hotline: 800.800.5556**

Dear Applicant: The state provides bi-monthly training orientation sessions to inform those who are interested in opening and operating the following types of facilities: child caring institutions; group homes; licensed child placing agencies; and, private secure facilities.

**Training will be HELD AT THE TRAINING CENTER: ROOM W-141  
INDIANA GOVERNMENT CENTER SOUTH  
402 WEST WASHINGTON STREET  
INDIANAPOLIS, IN 46204**

**Registration is at 9 AM (EST); 12:30 PM (EST) for LCPA**

**Training runs from 10 AM until 3:30 PM – For Child Caring, Group Home, or Private Secure**

**Training runs from 1 PM until 3:30 PM – For Licensed Child Placing Agency**

**Training will be held on the following Wednesdays. Circle the date you wish to attend.**  
**February 2, 2007; April 4, 2007; June 6, 2007; August 1, 2007; October 3, 2007; December 5, 2007**

*Please complete the information below. **All information must be completed with both a valid address and phone number, or your registration will not be accepted.***

Mail to: **Residential Licensing Unit**  
**Attention: Nicki Moore**  
Department of Child Services  
402 W. Washington St.  
IGCS Room W-364  
Indianapolis, IN 46204  
Email form to: [Rhoda.Moore@dcs.in.gov](mailto:Rhoda.Moore@dcs.in.gov)

*Or you may fax the completed registration to: 317.234.4633. Fax or postmark must be dated 7 business days prior to the class, or you will automatically be placed in the next class. For questions, please call: 317.232.7060*

**TYPE OF TRAINING REQUESTED**

Please circle the type of license that you are interested in: Child Caring Institution; Group Home; Private Secure Facility; Licensed Child Placing Agency.

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DUE TO LIMITED SPACE, ONLY TWO (2) PERSONS MAY ATTEND**

Persons attending: Name : \_\_\_\_\_ Title: \_\_\_\_\_

Name : \_\_\_\_\_ Title: \_\_\_\_\_



*Protecting our children, families and future*